

County: Barron  
BARRON RIVERSIDE MANOR  
660 EAST BIRCH AVENUE

Facility ID: 1420

Page 1

BARRON 54812 Phone: (715) 537-5643  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 50  
Total Licensed Bed Capacity (12/31/02): 50  
Number of Residents on 12/31/02: 43

Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 46

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
	No	%	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No		Developmental Disabilities	0.0	Under 65	0.0	1 - 4 Years			30.2
Supp. Home Care-Personal Care	No		Mental Illness (Org./Psy)	25.6	65 - 74	4.7	More Than 4 Years			44.2
Supp. Home Care-Household Services	No		Mental Illness (Other)	2.3	75 - 84	32.6				25.6
Day Services	No		Alcohol & Other Drug Abuse	0.0	85 - 94	46.5				-----
Respite Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.3				100.0
Adult Day Care	No		Cancer	4.7		-----	*****			
Adult Day Health Care	No		Fractures	4.7		100.0	Full-Time Equivalent			
Congregate Meals	No		Cardiovascular	30.2		100.0	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Cerebrovascular	0.0		-----	(12/31/02)			
Other Meals	No		Diabetes	9.3		%	RNs			
Transportation	No		Respiratory	4.7		-----	LPNs			
Referral Service	No		Other Medical Conditions	18.6		Male	Nursing Assistants,			
Other Services	No			-----		Female	Aides, & Orderlies			
Provide Day Programming for Mentally Ill	No			100.0		-----				
Provide Day Programming for Developmentally Disabled	No					100.0				

#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	2	100.0	316	28	87.5	119	0	0.0	0	9	100.0	124	0	0.0	0	0	0.0	0	39	90.7		
Intermediate	---	---	---	4	12.5	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	9.3		
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	2	100.0		32	100.0		0	0.0		9	100.0		0	0.0		0	0.0		43	100.0		

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				
						-----				
Percent Admissions from:						Activities of	%	% Needing Assistance of	% Totally	Total
						Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	14.7					Bathing	11.6	74.4	14.0	43
Private Home/With Home Health	0.0					Dressing	18.6	74.4	7.0	43
Other Nursing Homes	17.6					Transferring	32.6	46.5	20.9	43
Acute Care Hospitals	55.9					Toilet Use	20.9	44.2	34.9	43
Psych. Hosp.-MR/DD Facilities	0.0					Eating	34.9	60.5	4.7	43
Rehabilitation Hospitals	8.8					*****				
Other Locations	2.9					Continence		%	Special Treatments	%
Total Number of Admissions	34					Indwelling Or External Catheter		2.3	Receiving Respiratory Care	9.3
Percent Discharges To:						Occ/Freq. Incontinent of Bladder		60.5	Receiving Tracheostomy Care	0.0
Private Home/No Home Health	30.0					Occ/Freq. Incontinent of Bowel		20.9	Receiving Suctioning	0.0
Private Home/With Home Health	5.0					Mobility			Receiving Ostomy Care	0.0
Other Nursing Homes	7.5								Receiving Tube Feeding	0.0
Acute Care Hospitals	25.0					Physically Restrained		2.3	Receiving Mechanically Altered Diets	27.9
Psych. Hosp.-MR/DD Facilities	0.0					Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	0.0								Have Advance Directives	74.4
Other Locations	2.5					With Pressure Sores		9.3	Medications	
Deaths	30.0					With Rashes		30.2	Receiving Psychoactive Drugs	32.6
Total Number of Discharges										
(Including Deaths)	40									

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group % Ratio		Bed Size: 50-99 Peer Group % Ratio		Licensure: Skilled Peer Group % Ratio		All Facilities % Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92.0	85.1	1.08	88.5	1.04	86.7	1.06	85.1	1.08
Current Residents from In-County	93.0	75.4	1.23	72.5	1.28	69.3	1.34	76.6	1.21
Admissions from In-County, Still Residing	38.2	20.1	1.90	19.5	1.96	22.5	1.70	20.3	1.88
Admissions/Average Daily Census	73.9	138.3	0.53	125.4	0.59	102.9	0.72	133.4	0.55
Discharges/Average Daily Census	87.0	139.7	0.62	127.2	0.68	105.2	0.83	135.3	0.64
Discharges To Private Residence/Average Daily Census	30.4	57.6	0.53	50.7	0.60	40.9	0.74	56.6	0.54
Residents Receiving Skilled Care	90.7	94.3	0.96	92.9	0.98	91.6	0.99	86.3	1.05
Residents Aged 65 and Older	100	95.0	1.05	94.8	1.06	93.6	1.07	87.7	1.14
Title 19 (Medicaid) Funded Residents	74.4	64.9	1.15	66.8	1.11	69.0	1.08	67.5	1.10
Private Pay Funded Residents	20.9	20.4	1.02	22.7	0.92	21.2	0.99	21.0	0.99
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	27.9	30.3	0.92	36.5	0.77	37.8	0.74	33.3	0.84
General Medical Service Residents	18.6	23.6	0.79	21.6	0.86	22.3	0.83	20.5	0.91
Impaired ADL (Mean)	46.5	48.6	0.96	48.0	0.97	47.5	0.98	49.3	0.94
Psychological Problems	32.6	55.2	0.59	59.4	0.55	56.9	0.57	54.0	0.60
Nursing Care Required (Mean)	9.6	6.6	1.45	6.3	1.53	6.8	1.41	7.2	1.33